

Montana Medicaid - Fee Schedule Targeted Case Management

Definitions:

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

Description – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Sched: Medicaid fee for listed code

Note: Not all codes are billable by all providers. Refer to description to determine appropriate code to bill.

Proc	Modifier	Code Description	For use by	Effective	Method	Fee
G9002		Coordinated Care fee, Maintenance Rate	DD TARGETED CASE MANAGEMENT	7/1/2005	FEE SCHED	\$111.26
T1016	HD	Case Management, each 15 minutes	HRPW CASE MGMT SVCS PROVIDED BY SOCIAL WORKER	1/1/2004	FEE SCHED	\$6.00
T1016	HD	Case Management, each 15 minutes	HRPW CASE MGMT SVCS PROVIDED BY A NURSE	1/1/2004	FEE SCHED	\$6.00
T1016	HD	Case Management, each 15 minutes	HRPW CASE MGMT SVCS PROVIDED BY THE NUTRITIONIST	1/1/2004	FEE SCHED	\$6.00
T1016		Case Management, each 15 minutes	TCM FOR FOLLOW ME CHILDREN	1/1/2004	FEE SCHED	\$10.00
T1016		Case Management, each 15 minutes	TCM FOR CHILDREN W/SPECIAL HEALTH CARE NEEDS	1/1/2004	FEE SCHED	\$10.00
T1017		Targeted Case Management, each 15 minutes	TCM FOR CHILDREN AT RISK FOR ABUSE/NEGLECT	1/1/2004	FEE SCHED	\$6.72
G9012	UB	Coordinated Care fee, risk adjusted maintenance	TCM FOR CHLD AT RSK FOR AB/NEGLT (SPECIAL REQUEST ONLY)	1/1/2004	FEE SCHED	\$167.00

Fees as of June 2006